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ON THE IMPORTANCE OF A PROPER SELECTION OF SPECTACLES.

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[Communicated for the Boston Medical and Surgical Journal.]

It is my intention, in this paper, to draw attention to a condition of the eye requiring the use of glasses, that has not—to the best of my knowledge—been alluded to in any work on ophthalmology in the English language, till within the past few months; though, for several years, it has engrossed the attention of German writers in this department.

Short sight and old sight, myopia and presbyopia, have been the two grand heads to which, from time immemorial, all anomalies of the refractive powers of the eye have been referred. If a person could not see well at a distance, and was moreover obliged to bring all near objects close to the eye, in order to obtain a full view of them, such a one was regarded as myopic, and if concave glasses failed to relieve him or improve his vision, the convenient term of amblyopia would be called in to explain such an apparent deviation from the general rule. And the term presbyopia was understood to refer to an opposite class of cases, where, with advancing years, the object was obliged to be held at a greater distance from the eye to ensure distinctness of vision, and convex glasses must be used to remedy this inconvenience. Myopia was supposed to be caused by an increase of the power of refraction of the eye, or a lengthening of its antero-posterior axis; so that the images, instead of being formed *on* the retina, fell in front of it. And in presbyopia, owing to what was understood to be an opposite condition of things, the images could only be formed *behind* the retina.

The fact, now well understood, that myopia and presbyopia may co-exist in the same subject; that a person, moderately myopic and employing a concave glass for distant objects, may, as he advances in life, be forced to use a convex glass for the near, while he continues to use the same lens as before for other purposes, is of itself a sufficient refutation of the old theory.

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Myopia is that state of the eye where *concave* glasses are required to view distant, and, in extreme cases, even near objects distinctly. Its true opposite is that condition of things where *convex* glasses are needed for a similar purpose. Strange as it may seem, the fact that a large number of people of all ages can see better in the distance with a convex glass than without it, seems to have escaped the observation of writers on the eye; and it is only within the last few years that attention has been drawn to it. Hyperpresbyopia was the name at first proposed to characterize this affection, but since it has been ascertained that it may, and frequently does, exist independently of presbyopia, the name of hypermetropia has been adopted, and is now in common use. It will be sufficient to briefly state, in this connection, that such cases have been most carefully analyzed, and comprehensive and minute rules laid down for adapting glasses to these patients. The object of this paper is to illustrate the extremely practical nature of this discovery by citing a few cases in my own practice, where a proper selection of glasses was productive of great benefit.

Where only a limited amount of hypermetropia exists, the patient frequently sees no better in the distance with a convex glass than without it. The mere fact, however, that he sees *as well*, proves that this difficulty exists, and that, under ordinary circumstances, he uses a portion of his adaptive power for looking at distant objects. In a normal eye, however, the adaptive power or accommodation would be at rest for remote objects, and observation shows that a person, thus habituated to use his accommodation for the distance, uses for the near a relatively greater amount of it than is proper, and fatigue soon results. Thus hypermetropia is a very frequent cause of so-called "impaired vision for the near," or asthenopia.

CASE I.—Miss B., aged 23, consulted me March 1st. She complained that, after she had used her eyes any length of time for near objects, as in reading or writing, she felt a sense of pain or constriction across the forehead, the letters became blurred and ran together, and the eyes filled with tears. If she rested a little, she was able to commence again; but the same symptoms returned with increased violence in a shorter time. She had, in consequence, been obliged to give up in great measure the use of her eyes. I found she could see distant objects distinctly through as strong a glass as convex fifty inch focus; that she was therefore hypermetropic to this extent. I directed her to use this glass for reading and writing, and, with a little care, she was able in a short time to use her eyes the greater part of the day, without trouble.

CASE II.—Mrs. K., aged 32, saw me Jan. 28th. She complained that, after she had read or written a little while, a sort of mist would arise before her eyes, and make everything appear confused and indistinct. This would disappear after she had rested a little, but would return on renewed exertion. She often experienced the same sensation after having looked intently at distant objects. She had

consulted an oculist near her native place, who told her she had disease of the optic nerve and commencing cataract. It was found that she was hypermetropic, and that convex thirty-six inch focus was the neutralizing glass. On using this, all the troublesome symptoms disappeared at once, and I had a message from her the other day, to the effect that she had had no farther difficulty.

CASE III.—Mr. —, aged 51, a merchant of this city, consulted me Dec. 20th, of the past year. He had, for many years, been liable to severe headaches after any prolonged use of the eyes. He became quickly fatigued, when obliged to regard near objects intently, and complained that things soon grew blurred and indistinct. For the past ten years he had been unable to use his eyes in the evening, and of late he had grown so intolerant of artificial light as to be obliged to keep them constantly shaded when exposed to it. Any unusual exertion of his eyes brought on distressing headache. Some years ago, he consulted a well-known optician, who furnished him with a pair of weak convex glasses. These proved but of slight assistance to him. On examination, I found that his vision, even for distant objects, was very imperfect; but that convex thirty inch radius made everything clear and distinct. I found him, moreover, to be presbyopic, as was to be expected at his time of life. Combining his hypermetropia and presbyopia, according to the usual formula, I found that convex twelve inch radius was the proper glass for him to use for near objects, and that all his troubles undoubtedly arose from the fact that he had been overstraining his eyes with spectacles far too weak. Despite the earnest remonstrance of the optician, who represented to him that he would inevitably injure his sight, he purchased and used the glass I had calculated for him. The result has been that he now, after the lapse of six months, uses his eyes without trouble, both by day and in the evening, has discarded his shade, and is entirely relieved from the headaches.

So much for what may be called *relative* hypermetropia, where the amount of the original trouble is so slight that it is hardly felt, till the steady diminution of the adaptive power of the eye—always progressing from the earliest childhood—has reached a certain point. In *absolute* hypermetropia, however, the refractive power of the eye is so slight, the original fault of construction so manifest, that perfectly distinct vision is impossible in any distance.

CASE IV.—Jane B., aged 14, saw me Jan. 12th. Her vision had always been very imperfect for distant as well as near objects. She was able neither to read nor sew without great effort, and but for a short time. She had, in consequence, almost wholly refrained from using her eyes up to the present time. An examination revealed her to be markedly hypermetropic, convex fourteen inch focus being the neutralizing glass. This glass, which she wears constantly, makes her eye, to all intents and purposes, normal; with it she reads

No. 20 of the sight test at a distance of 20', and reads or works a large portion of the day without inconvenience.

CASE V.—Mrs. C., aged 44, has never seen distinctly in any distance without spectacles. Has worn weak convex glasses for reading, but has never been able to use her eyes for any length of time without great pain. I found her to be hypermetropic to an unusual extent, convex eight inch radius being the glass required. With this glass both near and distant objects are perfectly distinct.

CASE VI.—Mrs. B., aged 60, has worn a glass for reading, selected for her by an optician in this city, for a number of years. Symptoms of excessive fatigue, however, accompany any long-continued effort to keep up accommodation for the near. Distant objects she has seen indistinctly since her childhood, but has always attributed this to some defect of the eyes, not to be remedied. On examination, I found that, with the naked eye, no single letter of the sight test (the largest letters of which are two inches square) could be made out at the usual distance. With a convex glass of ten inches focal distance she distinguished letters six lines square, at a distance of twenty feet. Being presbyopic, as well as hypermetropic, I calculated her a relatively stronger glass for reading purposes.

The last case I have to offer is instructive as showing that hypermetropia, like myopia, may be hereditary.

CASE VII.—Mrs. N., aged 34, came to consult me Jan. 31st. She complained of imperfect vision, said she could only see to thread her needle by holding it close to her eye, and that she could not distinguish her husband's features across the table. Supposing herself to be near-sighted, she had purchased and used a pair of concave glasses. These had been productive of no benefit, and for years she had been obliged to give up reading and writing.

Placed twenty feet from the sight test, she could not even see the placard (28 by 21 inches). With convex eight inch radius, however (nearly a cataract glass), she could read nearly the finest lines at the usual distance, and made out Jäger's test No. 1 (diamond type) with perfect ease. One might almost suppose in such a case that the crystalline lens was wanting; but the ophthalmoscope revealed both of her eyes to be normal in this respect. She mentioned to me that her father, who died young, had worn spectacles from an early age. On a subsequent occasion she brought me his glasses, which had been preserved in the family, and I found them to be convex eight inch radius, the same that she required. She has worn glasses of this strength ever since; is enabled to see in all distances with perfect ease, and reads and writes as much as she wishes.

These are not exceptional cases, but occur continually at every age and in every condition of life; and they illustrate as well the necessity of a proper selection of glasses, as the danger of leaving a matter of such prime importance in the hands of those without the pale of the profession. The responsibility of designating the

strength of the glasses to be worn should no longer be borne by the optician; and I trust the day is coming here, as it already has in Europe, when such a matter will be left, where it of right belongs, in the hands of the physician.

[NOTE.—Those who are interested in this subject will find the modern views concerning myopia, hypermetropia and presbyopia, and the rules for the adaptation of glasses in each of these conditions, in a work just published in London, entitled “On Long, Short and Weak Sight; and their Treatment by the Scientific Use of Spectacles,” by J. Soelberg Wells. In 1858, Prof. Donders, of the University of Utrecht, drew attention to this important subject, and pointed out the erroneous character of the majority of the views previously entertained. (*Archiv für Ophthalmologie*, vol. iv., part i., page 301.) It is mainly on his doctrines that the English work just referred to is based, and to him justly belongs the credit of rescuing from obscurity a subject so important in its nature, practical in its application, and but too apt, in the absence of proper knowledge, to fall into the hands of charlatans.]

CASES IN SURGERY.

[Communicated to the Boston Society for Medical Improvement, by J. MASON WARREN, M.D.—Continued from page 367.]

CASE III.—*Gun-shot Wound, cutting off the Vertebral Artery.*—Cornelius Mahoney, 11 years of age, was brought into the Hospital on the 27th of May, 1861, having received the charge of a pistol, loaded with stones, accidentally discharged by a companion. One of the stones grazed his forehead, a second struck him on the cheek, and the third penetrated the neck about half an inch below the mastoid process. He received the charge while in a stooping posture, and was taken up bleeding profusely. When brought into the Hospital the bleeding was nearly checked; water dressings were applied, and the patient kept very quiet. I saw him on the following morning, and as there was a disposition to hæmorrhage, the patient was etherized, with the object of removing the foreign body, if there was one, and checking the bleeding. A finger passed into the wound penetrated deep into the neck, and finally encountered what at first appeared to be a mass of gravel; a portion, however, being removed with the forceps, showed it to be bone, and what afterwards proved to be the transverse process of the second or third cervical vertebra. The hæmorrhage now returned violently, and but little doubt existed that the vertebral artery had been cut off. A systematic plugging with small bits of sponge was made, and the bleeding checked. On questioning the father of the boy, it was ascertained that while they were engaged in arresting the bleeding at his house, with a handkerchief, a small pebble was discharged into it, driven out by the great force with which the blood gushed forth.

29th.—He had passed a pretty good night, and was free from pain, except in his left shoulder. Pulse reduced from 140 to 120. Towards evening, he became somewhat delirious. He went on pretty much in this way for eight days, pulse ranging from 120 to 140, feverish, and at times out of his head. On the 4th of June, his symptoms were somewhat better. The bandages had been cut off, and the sponges removed from the wound, on the 2d. On the afternoon of the 4th, a sudden hæmorrhage took place from the wound, amounting to eight ounces, and producing great depression; assistance being obtained, it was checked at once by plugging with sponges.

On the 6th, at two o'clock in the morning, a third bleeding occurred, which was promptly stopped, about two ounces of blood only being lost. Some of the old sponges were removed, and replaced by fresh ones, dipped in the solution of the perchloride of iron. From this time he lost no more blood, and the wound suppurated well, the sponges being all removed on the 10th. From the attendant inflammatory action, his head was drawn down to that side, but gradually righted after the wound had fully healed. Before he left the Hospital, which was on the 22d, a bit of bone was discharged, which, on examination, appeared to be the end of the transverse process of one of the cervical vertebræ.

He was seen a month afterwards, in perfect health.

CASE IV.—Removal of the Lower Jaw for a Cystic Tumor; Subsequent Ligature of the Carotid Artery.—Mrs. W., a widow, 49 years old, had had the wisdom tooth of the right side of the lower jaw extracted about twelve years ago; the socket remained quite sore for some time after the removal of the tooth. Six years ago the angle of the jaw began to enlarge, and the bone gradually expanded so as to form a tumor, the size of a hen's egg, which now encroached upon the cavity of the mouth, and displaced the tongue and other organs. The tumor was slightly elastic to the touch, and had very recently become a little tender on pressure; with this exception, there was no pain, and no inconvenience in mastication. The disease involved the angle and ascending ramus of the jaw, and extended forwards as far as the second bicuspid tooth.

Operation, March 30, 1861.—An incision, commencing over the masseter muscle, about an inch below the zygomatic arch, was carried around the angle of the jaw as far as the angle of the mouth, exposing the facial artery, which was secured by two ligatures and divided between them. The flap thus marked out was dissected from the tumor, which was found to involve the whole substance of the jaw. The lower extremity of the original incision was then carried upwards to the angle of the mouth, and the whole flap dissected from the jaw, which was divided through the socket of the second bicuspid tooth. The bone was then seized with strong forceps in order to raise it from its adhesions to the surrounding parts, but on the application of a very slight degree of force it gave

way, and disclosed the fact that the whole angle and ascending ramus of the jaw had become reduced to a sac or cyst containing a thick yellow fluid. Both the coronoid process and the condyle were completely excavated by the morbid growth, and the osseous tissue about the angle of the jaw had almost entirely disappeared. The operation was finished, for the most part, by the fingers, and the lingual nerve, which lay close upon the inner surface of the tumor, was dissected out and saved. Several vessels were tied, and the edges of the wound were brought together by sutures, three of which were placed in the mucous membrane of the mouth.

No severe constitutional disturbance followed the operation, and on the third day the wound was found nearly united. Two days later the face swelled, and the wound began to discharge pus. In the course of another fortnight, the wound had healed, with the exception of a small opening at its lower angle. On the 17th of April, a slight hæmorrhage, of perhaps two ounces, took place from this opening, and on the night of the 27th, when the patient had so far recovered from the operation as to think of going home, profuse bleeding occurred, which was with difficulty controlled by a sponge and compresses. In the course of the next day, all that side of the face became œdematous. On the 29th, it became evident that the hæmorrhage could not be controlled, by even the most careful plugging of the wound, and the ligature of the carotid artery seemed to offer the only chance of saving life. The patient was therefore etherized, and the sponges removed from the wound. The finger passed readily from the external aperture, corresponding in position to the angle of the excised jaw, as far as the glenoid cavity of the temporal bone, which felt rough and carious. Pressure upon the carotid artery of the affected side diminished the bleeding, but did not entirely check it, and no greater effect followed the compression of both carotids. The artery was tied at the middle of the neck, after a somewhat tedious dissection, owing to the œdematous state of the tissues. A slight oozing of blood continued, but it was easily arrested by forcing a piece of sponge deep into the wound in the direction of the bleeding vessels. On removing the patient to her bed, it was noticed that the side of the body opposite to that upon which the artery had been tied, had become completely paralyzed. The paralysis gradually diminished as the strength of the patient improved, and on the 14th of May the ligature of the carotid came away. The sponges had been previously removed from the wound, which healed rapidly. An abscess, which formed behind the ear, did not delay the cure, and on the 24th of May the patient was discharged cured, but still somewhat feeble.

It should have been remarked, that prior to commencing the operation on the jaw, it had been decided to uncover the tumor, and if the cyst was found but partially to occupy the bone, to remove a portion of it without removing the whole bone. It was evident, however, as soon as the tumor was exposed, that all the bony tissue

had disappeared, and its place had become occupied by a thin and almost transparent cyst, of the consistency of parchment, the coronoid and condyloid processes making a part of it. The removal of the whole bone was therefore performed.

The effects of the ligature of the carotid were quite remarkable. The current of blood was sufficiently checked to allow of effectual plugging, which before would not stem the current of blood. The effect on the brain was certainly very singular. A hemiplegic affection, three or four days after the ligature of the carotid, is not uncommon, arising, probably, from an inflammatory action taking place in the substance of the brain. In the present instance the paralysis was immediate, and must have arisen from the sudden diminution of the supply of blood to the brain, following upon the great drain to which the system had been subjected a few days before.

The patient has been heard from lately, having perfectly recovered her health.

MEDICAL CASES.

REPORTED BY DR. J. HARRISON CUTLER, MASON VILLAGE, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

DEATH BY WORMS.

CASE.—Jonathan I. H. L. R., aged 17 years, was found dead in his bed on the morning of March 21st, after a severe debauch.

On being summoned by the coroner, I proceeded, with my friend Dr. Marshall, to the house of the father of the deceased, where the room in which the subject lay was found in great disorder, rather indicative of foul play, as this was the place of the above-named debauch. The body was lying on a broken-down or crippled bed, in a position as if assumed in life. A common round worm (*lumbricus*) was found lying beneath his breast, on the bed. On turning the body over, the face was found to be livid and purple, eyes closed, and bloody matter oozing from the mouth and nose. On removing the clothes, we noticed marks of a superficial wound a little in front of the right axilla, about two inches in length, extending towards the breast, nearly healed. No other marks of external violence were noticed. Body spare, but not emaciated. A second round worm was found passing from the anus.

Post-mortem examination, made March 27th. Drs. Lord, Marshall, Boynton and Cutler present. No marks of external violence or other unusual appearances were noticed upon the body. Face, neck, and breast, dark red; abdomen greenish; limbs and other parts nearly natural in color. On opening the chest and abdomen, their contents, generally, appeared natural and healthy. The lungs, however, were found greatly engorged with blood, and dark throughout. On severing the windpipe, a large worm (*lumbricus*),

eleven inches in length, was found occupying the larynx and trachea, the probable immediate cause of death. The stomach was nearly empty, and its mucous or inner surface showed decided marks of congestion and inflammation—in short, the usual appearances of an inebriate stomach. The brain was not examined, as the man's previous health had been quite good.

A verdict was given that the subject came to his death probably by a worm passing from the stomach upwards to the mouth, while he was in a state of deep intoxication, thence downwards into the larynx and trachea, obstructing the air passages into the lungs, and consequently causing suffocation and death.

DEATH BY EATING PHOSPHORUS FROM FRICTION MATCHES.

CASE.—Addie N., aged 2 years, on being allowed to accompany her mother during an afternoon call, entered a sleeping apartment, and finding a quantity of matches on the stand, ate the phosphorus from 92 of them. No effect was noticed, until, on returning at night, the mother noticed the smell of phosphorus, and nothing further until three o'clock the next morning, when nausea and vomiting commenced, and marked indications of phosphorus were noticed by the phosphorescent light in the mouth and throat during vomiting.

I was called at six o'clock in the evening, and found the patient rather stupid, skin hot and dry, pulse full and quite frequent, tongue indicating irritation at the stomach, urine scanty, high colored and odorous. As antidotes, I gave albumen, mucilage and magnesia, followed by a dose of castor oil to act on the bowels; sp. eth. nitros. and tincture of aconite, to reduce the febrile symptoms and stimulate the kidneys as much as possible.

I saw the patient next morning, and found the symptoms more aggravated, and much stronger indications of inflammation of the stomach. Continued the same treatment, with the addition of a solution of chlorate of potash. Saw her again at six in the evening; symptoms worse, with pupils very much dilated, some nausea and slight indications of spasms, but generally inclined to sleep. Continued nearly the same treatment. Patient slept most of the time until four o'clock the next morning, when she was attacked with spasms. I was called at five o'clock, and found her in spasms and great distress, with pupils fully dilated, and considerable retching. Gave warm baths and anodyne injections, applied sinapisms to the stomach and spine, with small doses of ether, repeated quite often. Some relief. At eight o'clock, saw the patient, in company with Drs. Jones of New Ipswich, and Boynton of Townsend, Mass. Found the symptoms still more severe, with vomiting of quantities of a dark brown liquid, having the appearance, upon analysis, of being gastric juice and blood. No hopes of permanent benefit were entertained, but the same treatment was pursued until the patient died, at ten o'clock. The number of matches eaten was not known until after death.

Post-mortem Examination.—External surface natural. On opening the chest and abdomen, a very strong odor of phosphorus was noticed. The stomach contained about four ounces of the before named liquid. The mucous coat was found to be very much inflamed and softened, the inflammation being much more intense at each orifice. The duodenum, jejunum and ileum were very much inflamed, inflammation extending throughout the entire structure. The kidneys and bladder were much congested; spleen slightly engorged; pancreas smaller than natural, and slightly shrivelled; liver (a point of some interest) perfectly bloodless and nearly white, having the appearance and consistence of boiled liver. I can find no authority upon this particular point. Lungs and heart quite natural. Brain not examined.

Mason Village, N. H., May 29th, 1862.

Army Medical Intelligence.

NEWBERN, N. C., MAY 26TH, 1862.

To the Editors of the Boston Medical and Surgical Journal.

THE diminution of the sick list of my hospitals (of which I have four), together with the occurrence of a persistent rainy day, are my apologies for troubling you with the following

OBSERVATIONS ON THE DISEASES OF THE ARMY IN THE DEPARTMENT OF NORTH CAROLINA.

I have spoken, in a former communication, of some of the peculiarities of army life and its diseases, as they occurred to me in Camps Stoneman and Griffin, in Washington and in Virginia. My labors in that field were abruptly closed near the end of December last, by a pretty severe attack of typhoid pneumonia, which confined me to a sick room in Philadelphia during the month of January following.

Assigned as Brigade Surgeon to the Department of North Carolina, my observations, since the latter part of February last, have been directed to the army as commanded by General Burnside, and embrace the period of nearly three months, including, in this time, three successful battles: to wit, those of Roanoke, Newbern and Fort Macon.

On the Potomac, I was limited to the subject of land force, and particularly to that of cavalry, being confined, in fact, almost entirely to one regiment. The army here unites the naval and land forces together. Indeed, it is a peculiar organization, well adapted to attacks on fortifications near the seashore. At first there were no cavalry in the force, and Roanoke was captured without them; so was Newbern. Since that time, Captain Belger's Battery has been acting as cavalry for picket duty, and additional regiments have been added to the Department. This corps d'armée embraces, therefore, at present, nearly all the forms and weapons of modern warfare—infantry, cavalry, artillery, gunboats with their mortars, &c., all complete. It will be remembered, also, that my observations on the Potomac were made in the months of September, October, November and December;

and that the spring months, March, April and May, have been the seasons of our campaign in North Carolina.

The district of country in Fairfax County, around Fort Griffin, is rolling or undulating, and, as we approach the Potomac, somewhat hilly. The land is old, and some of it in a high state of cultivation. On the other hand, the surface of the ground here at Hatteras, Roanoke Island and Newbern, and along the Southern coast generally, is flat, sandy and swampy, and well calculated to produce bilious, remittent and intermittent fevers. If, as some say,

"An ague in the spring
Is medicine for a king,"

It is my opinion that kings might get plenty of such medicine by visiting this region. An intelligent lady in Philadelphia informed me, on my inquiry (she whispered it in my ear), that the climate about here was a "d—l of a climate." General Burnside and his command found this to be the fact during the months of December and January, and I can bear testimony to its very blustering character at Cape Hatteras and Roanoke during March and April.

So much for the climate. Vegetation here is, of course, luxuriant. Forest trees are chiefly of the turpentine pine; while cotton, corn, tobacco, potatoes, wheat, rye, oats, figs, grapes, peaches, apples, pears, apricots and plums, grow in abundance.

DISEASES.—The fevers which I have observed, in camp and among the inhabitants, appear to be of four kinds.

First, *Typhoid Fever*.—This pervades the shipping, both the gunboats and transports; and when not fatal, often leaves the system in great prostration, condemned to a long convalescence, which is often in danger of a relapse. The petechiæ over the abdomen and elsewhere, thought by some to be characteristic of the disease, have not been as frequently observed as I expected. The diarrhoea symptom is not universal. Congestion of the lungs is very common, and sudden deaths from enteric hæmorrhages, during apparent convalescence, have frequently surprised and astonished the attendant surgeons. The typhoid tendency, as it is denominated, masking other diseases "with the pale cast" of its insidious poison, is a very general condition, and many poor fellows, who clung to the shrouds at Hatteras, and were buffeted so long by its merciless storms, who afterwards braved the fight at Roanoke, and rose from the bed of languor to contest the hard-won battle at Newbern, have since been in a more or less typhoidal condition. Some of them, on being wounded, were unable to bear the wear and tear of a long convalescence, and are deposited at Roanoke, while others have died at Newbern, and still others have been enabled to recruit by returning for a few weeks to the pure air of their homes, and the cheerful comforts of their own firesides.

Second, *Typhus Fever*.—This form of disease has been not unfrequent, and some cases, both on Roanoke and at Newbern, have exhibited a malignancy truly appalling. The cases in which I have remarked this more particularly, have been stout, fleshy young men, who have sunk into a state of absolute decomposition in a few hours. I remember one case, which was brought into one of my hospitals at Roanoke, where the cellular tissue, at the base of the neck, was filled with air and serum, and the skin of the feet and legs up to the knees was purple; the boy was pulseless, stertorous and insensible when he first

came into the hospital. I have seen a few cases of the same kind in Newbern.

Third. *Bilious Remittent*.—This I believe to be at present the prevailing type of our diseases. Jaundice during life, with other symptoms of the disorder, and a diseased liver found on a *post mortem*, are some of the proofs which may be adduced. Indeed, Dr. Tull, of this city, who has practised here for more than twenty years, informs me that that is the prevailing type of the diseases of the district. Frequent symptoms of biliousness, which the officers and men exhibit, together with the marked beneficial effects of calomel, also indicate this tendency.

Fourth. We have pure cases of *Intermittent Fever*, which are usually controlled by the common anti-periodic remedies.

I have thus indicated the four different forms of fever which appear to be prevalent among our troops at the present time. The mortality from these fevers has not as yet been accurately calculated, but I am under the impression that it is not large. The liberality of the General in allowing his men to return home for a short time when sick or wounded, has a beneficial effect upon those who remain; while the well-ventilated and cleanly hospitals, good nursing and abundant supply of the sick man's comforts, save many lives which would otherwise be lost.

I have spoken thus far chiefly of fevers as the diseases of the camps. We have also a good many cases of rheumatism, and a few cases of diarrhoea and dysentery, which may be denominated "camp diseases." The apparent breaking down of the constitutions of young men from the New England States, especially where there was a tendency to pulmonary disease, is a phenomenon which has surprised and grieved me. Many of these young men are from rural districts, farmers' sons, and suffer doubtless, privately, from nostalgia. The undeveloped condition of the system, with some private vices, may be adduced as additional causes of this breaking down.

TREATMENT OF FEVERS.—There has been no one treatment adopted generally for typhus and typhoid fevers in this division. The expectant and stimulant have been the most common. The surgeons have relied chiefly upon what the ancients call the *naturales*; the use of whiskey punch, carbonate of ammonia, or turpentine—very little, however, of the two latter articles. Eberle's strong recommendations of the carbonate of ammonia seem to have been forgotten, and "Wood on turpentine" has been left to the mercy of caricaturing students in the halls of the "oldest medical institution" in the United States. The profession in the army, here, seem to be entirely at sea, no two of them appearing to agree on any plan of treatment. They appear to be like the Parisian philosophers, who anxiously inquired of Franklin what religion he professed, and found, much to their satisfaction, that he professed none. I have felt much dissatisfaction with this condition of practice, and have requested one of my colleagues to try, in some cases of pulmonary and cerebral congestion, *feelingly*, the now exploded lancet. His reports, thus far, have been favorable. In some cases of stupor and cerebral congestion, I have suggested the resort to one or two large doses of calomel, followed by Dover's powders and whiskey punch. These cases have done well also; and lastly, at my request, the calomel and quinine practice, ten and ten,

has been resorted to where bilious remittent symptoms predominated at the beginning. This treatment seems still to hold its own in this district among the resident practitioners.

I remember well when Dr. Parry, from the valley of the Mississippi, many years ago, then a student in the Jefferson Medical College, threw a bomb shell into the profession in Philadelphia, by reading his thesis before the Medical Society, and quietly asking "what shall I do with the pulseless, moribund cases of congestive fever of the Mississippi?" Professor Meigs, in his usual enthusiastic and fanciful style, recommended "the lancet—the lancet—the lancet"! It, he said, would relieve the overloaded internal organs; it would take the weight from off the nervous centres; it would allow the *endangium* to produce healthy blood. In a word, if the patient died, like that of the pupil of Dr. Sangrado, it would be for want of bleeding! Dr. Wood was astonished and dismayed at the doctrine, and, assisted by the brilliant but eccentric Jackson, both of the University, castigated the professor of the Jefferson Medical College most unmercifully. Professor Wood did not approve of bleeding at all, except in rare cases, and "would treat the case according to circumstances." Professor Jackson gave a brilliant dissertation, which lasted part of two sessions of the Society, on the then newly-published cell theory of Schwan and Schleiden, while Dr. Parry stated the western practice to be, in some cases, large doses of calomel, in others large doses of quinine, while others combined the quinine and calomel practice in one. Professor J. K. Mitchell took hold of this practice at once, enforcing it with his usual eloquence and point, and illustrating it in public and private practice during the rest of his life.

According to my observation, the same diseases exist on the southern coast of North Carolina, as those mentioned by Dr. Parry. Now what shall be our treatment? Will the profession of New England tell us what we shall do? Shall we use turpentine with Wood, calomel and quinine with Mitchell, or the lancet with Meigs and Rush? The hardships of the winter campaign at Hatteras, Roanoke and Newbern, have battered many of our men to a condition at least as low as that of the natives and negroes. Shall we fear this real or apparent prostration, and shun the lancet—the almost universal practice over our country for some time past? Shall we forget Hamilton's eulogies of cathartics? Shall we attempt to destroy the malarious poison in the blood by immense doses of quinine? Shall we stimulate with carbonate of ammonia, or piddle along with the turpentine emulsion? or shall we, in the language of one of our surgeons, "sock into our patients large doses of whiskey punch?" Or what shall we do?

In surgical practice, we are taught "*anceps remedium melius quam nullum.*" Is the lancet that doubtful remedy? Or is it right to see our patients die from the very beginning of the disease, without attempting to do something for their relief? Respectfully your ob't serv't,

JAMES BRYAN,

Brigade Surgeon, Burnside's Expedition.

WE are kindly permitted, by the Surgeon-General, to print the following from the report of Dr. Sargent, recently returned from Virginia.

To the Surgeon-General.

WORCESTER, JUNE 6, 1862.

SIR,—I reached home this morning, after arduous service in the care

of seven hundred and fifty wounded men from White House to Yorktown and Annapolis; and I lose no time in reporting to you.

I wrote you last from White House, giving you the names and regiments of the Massachusetts men sick there. On Wednesday, the 28th May, we made a second tour of the Field Hospital at White House (Dr. Mack, Dr. Thorndike and myself), and found all our surgeons hard at work, and were glad to see the results of their work; for the thirteen or fourteen hundred sick there (the number is constantly varying by arrivals and departures) were left to their care alone, the Brigade Surgeon (Dr. Baxter) and his assistant being occupied exclusively in general business. The tents were now mostly floored, and the comfort and condition of the patients much improved. And yet the number of medical attendants was not sufficient for any record whatever to be kept of diseases or of treatment—the name, and the arrival and departure, alone appearing on the register.

On Thursday, May 29th, having previously made arrangements with Dr. Tripler that we should be telegraphed for, in case of need, we took the boat to Yorktown, where, as my former report stated, eleven of our surgeons had been ordered to report. Dr. Wheaton, of Providence, R. I., is Medical Director here, and is a man of a great deal of experience and efficiency in the army, having served as assistant surgeon in the war of 1812–15, and as surgeon throughout the Mexican war, besides having served in this war from the beginning. He treated us with a great deal of politeness, professional and social. There were about sixteen hundred sick at Yorktown, many in houses, though many also in barrack hospitals and some in tents. The great majority here were sick with typhoid fever; and the aggregate aspect of so many sick with one disease is picturesque in a most extraordinary manner. Of all this number, there were only ten or twelve patients from Massachusetts. We were at Yorktown from Thursday noon to Saturday afternoon, when we took the boat for Fortress Monroe, arriving at evening.

On Sunday morning, June 1st, immediately after breakfast, Dr. Cuyler brought me a despatch, sent from White House through Dr. Wheaton at Yorktown, “directing Drs. Sargent, Mack and Thorndike to proceed to the White House immediately.” So we took the boat which was just ready to start, and returned to White House, arriving at about 5½ P.M. Reporting at once to Dr. Tripler’s quarters, we were met by Dr. Smith, Surgeon-General of Pennsylvania, who told me that the despatch had issued from him, and that he wished us all to go on board the Commodore immediately, and help take care of some wounded men from the battle then just closed near Richmond. We went in at once, and were soon swung out into the stream, where we lay until morning, rendering every assistance in our power. In the morning, Dr. Van Tagen, the surgeon in charge, showed me a despatch he had just received, ordering him to leave one hundred and fifty of the wounded men at Yorktown, and take the rest to Annapolis. Stopping at Yorktown again on our way, we found that Dr. Wheaton had received large accessions to his number of patients, so that he had been obliged to pitch one hundred and fifty hospital tents. Of the patients whom we left there, thirty-nine were North Carolina troops, prisoners.

We arrived at Annapolis Tuesday morning, the 3d, and were occupied most of the day in discharging our patients. Tuesday

evening we went to Baltimore. On Wednesday we went to New York, where we parted yesterday, Dr. Mack remaining for a day in New York, Dr. Thorndike going home by the Fall River route, and I by the Norwich.

Such is a current history of our mission and service. Few men ever worked harder than we did between White House and Annapolis. The patients were mostly of Pennsylvania and New York regiments.

I think it may not be without interest to you that I add something in the way of a review. * * * * *

1st. Of the large number of sick and disabled on the Peninsula, the cases of fever, dysentery, rheumatism, and scurvy, are incidental to the necessary exposures of the siege before Yorktown. But the number of cases of disability which existed before that siege, and many of which should have been foreseen and prevented at the time of enlistment, is extraordinary. Persons are enlisted who are over age and who are under age; feeble old men of sixty, and feeble boys of sixteen. At White House I found two old Germans from Boston, each between fifty and sixty years of age, laid up together (possibly for company), and one of them with asthma. This man had not been able to march with his regiment for weeks, and had been waiting for his discharge papers since April 9th. He was inspected and passed by a Boston physician. The cases, I understand, are not very rare in which persons with some disability pass inspection in one city, get pay and secure bounty, are put on the sick list, procure their discharge, and then go to another city to go through with the same process over again. Fathers and sons enlist together, and are laid up together as a matter of business. Dr. Tripler told me that epileptics were enlisted, and that even he found one man deaf and dumb—though, he said, he believed he was only enlisted to cook. Yet here, even, there was obvious inconvenience. Now when we consider that every soldier costs the United States not less than five hundred dollars a year, it is clear that it would be worth while to exercise more care in the enlistment, paying competent inspectors price enough to support them in rejecting men, instead of leaving this important work to the gratuitous service of chance physicians.

Also, we have now got to where our medical staff is not sufficiently numerous, under the accumulation of sick and wounded. I am afraid, also, that it is not always competent; though of this I have no absolute personal knowledge. Two assistant surgeons to a regiment would now be much better than one. "Contract surgeons" have rather an indefinite position, and are not likely to remain long enough to acquire such experience as to make them useful in the service. Volunteer surgeons—and in this category I place myself and my immediate colleagues—must present themselves with great discretion not to produce dissatisfaction. They are looked upon rather as an anomaly and an inconvenience; and may possibly be suspected of presumption and self-sufficiency. I saw nothing whatever of this in the treatment of us; and we were careful to appear constantly as ambassadors, and, in some manner, an escort to the medical gentlemen whom we introduced; while we also offered our services in any manner whatever. * * *

* * * If I had known that the Massachusetts 22d was then without surgeon or assistant, I should have offered myself at once.

In regard to hospitals—those at White House are very bad and very crowded. Those at Yorktown are much better—and Yorktown itself

is high, and I presume healthy. Those at Annapolis are the best I ever saw—the fine buildings of the Naval School, chapel and all, being appropriated.

Yours truly,

JOSEPH SARGENT.

Reports of Medical Societies.

THE CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.—*Messrs. Editors*,—This Association held its third annual meeting at Bellows Falls, Vt., May 7th, 1862. The President being absent, Dr. Lyman Brooks, of Acworth, N. H., was elected President *pro tem*.

Drs. Crowley, of Mount Holly, and N. Grout Brooks, of Acworth, were elected members of the Association, and the following gentlemen were chosen officers for the year ensuing:—*President*, W. H. Thayer, Keene, N. H.; *Vice President*, H. H. Palmer, Ludlow, Vt.; *Recording Secretary*, H. D. Holton, Putney, Vt.; *Corresponding Secretary*, S. G. Jarvis, Claremont, N. H.; *Treasurer*, Sam'l Nichols, Bellows Falls.

The President called upon the members successively to state what diseases had prevailed in their several localities since the last meeting.

Dr. Simons, of Saxton's River, reported an epidemic of measles, of mild type.

Dr. Sawyer, of Springfield, Vt., mentioned the following cases:—1st, A woman, seven months advanced in utero-gestation, was attacked with measles. The eruption was very slight. There was present, from the first, considerable congestion of the lungs, with aphonia. She passed on to her full time and was delivered of a dead child. She did not recover from the aphonia, and was left in an anæmic and anasarcaous condition. He wished to inquire as to the influence of measles upon pregnant women. 2d, A man was seized, as he supposed, with severe pain in one of the molar teeth. He applied to a dentist, who extracted it. The pain increased, with swelling of both face and tongue. Suppuration followed, and exfoliation resulted. He was in doubt as to the pathology of the case. Was it one of simple periosteal inflammation? If so, would it not be best to cut down as in other cases?

Dr. Crane, of Springfield, had seen many cases of exfoliation of the alveolar processes.

Dr. Crowley, of Mount Holly, reported the case of a man who was ill three or four weeks with severe pain in the side of the head. At the end of this time, a swelling appeared near the mastoid process of the temporal bone, the whole side of the face and neck being also slightly swollen. He made an incision, of about an inch in depth, without reaching any pus. A deeper incision, however, gave vent to a large quantity of thin, sanious pus. Subsequently it was found necessary to make an opening three or four inches below. Dr. Scott, of Plymouth, also saw the case, and confirmed the statement of Dr. Crowley; but could not understand why there was not more swelling, with so large a quantity of pus. In answer to a question from Dr. Holton, Dr. Crowley stated that there was considerable pressure from below upward. Dr. Holton then remarked that it was probably one of those cases, in which inflammation occurring in the deep structures, pus had burrowed beneath the deep cervical fascia. This is a strong areolo-fibrous membrane, the superficial layer of which passes in front

of the clavicle, and is lost upon the pectoralis major muscle. If the deep layer be traced downward, it will be found to pass behind the clavicle, extending from the cartilage of the first rib to the coracoid process, forming the fascia costo-clavicularis. Owing to this disposition of it, we sometimes find pus burrowing here and discharging upon the chest.

Dr. Porter, of Paper-Mill Village, N. H., reported a case of severe puerperal convulsions, in which venesection and opium were used without controlling them. He then resorted to the use of ether, and subsequently to ether and chloroform combined. The effect of this anæsthetic was continued for twenty hours. The labor progressed favorably. There were no convulsions after delivery, but he thought there was still some cerebral disturbance. Dr. Graves, who saw this patient with Dr. Porter, remarked that chloroform combined with ether had a much better effect than ether alone, and that where the effect was most powerful the contractions of the uterus were most forcible.

Dr. Sawyer had seen several cases which were preceded by cephalalgia, in which he had recourse to copious bleeding, which resulted favorably. Dr. Crane considered the pathology to be pressure on the motor nerves, and though this might be removed by venesection and cupping. Dr. Crowley had seen five cases, all of which had occurred after delivery. He had relied on phlebotomy and cathartics, with cold applications to the head. Dr. Gregg, of Newport, remarked that in an extensive practice of over fifty years, he had seen a good many cases both before and subsequently to delivery. He thought that in all cases where the contents of the uterus had not been removed, the first thing to be done would be to remove it. He then gave the history of several cases which illustrated this. Chloroform and ether he had never used; but for the benefit of the younger members of the profession, he would say that he had bled a patient to the extent of thirteen pounds in a day with great benefit.

On motion of Dr. Weeks, adjourned for dinner, until 2, P. M.

The meeting was called to order at 2, P. M., and on motion of Dr. Holton, Dr. Crane was invited to read a portion of the statistical report sent in by Dr. Webber. This related to epidemic diseases, and was listened to with much interest.

Dr. Styles, of Windsor, called the attention of the fellows to the bench splint, which he had used with great satisfaction. It could be easily manufactured from the materials always at hand about dwellings.

Dr. Scott related the case of a man who came under his observation, with ununited fracture of the femur, of eleven months standing, which he succeeded in uniting by means of semicircular bands of iron. Strips of iron, sufficiently long to extend over the seat of fracture, were placed anteriorly and posteriorly, the rings being then applied by means of screws, which pressed upon the parallel pieces.

Dr. Porter presented and gave the history of an acephalous foetus.

The following gentlemen were then appointed a Committee to compile and publish the statistical reports:—Drs. Phelps, Thayer, Webber, Whiting, Hazelton and Holton.

On motion of Dr. Gregg, the following gentlemen were appointed a Committee to examine claims of candidates for admission:—Drs. Gregg, Sawyer, Crowley, Higginson and Twitchell.

On motion of Dr. Jarvis, the July meeting will be held at Brattleboro', and the autumnal one at Windsor.

On motion of Dr. Edmunds, it was voted to instruct the Secretary to present the proceedings of the Society to one or more medical Journals, for publication.

The Association then adjourned to the first Wednesday in July.

H. D. HOLTON, *Rec. Sec.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 12, 1862.

THE following letter corrects an unintentional mistake in a recent article by a valued contributor, and furnishes an interesting chapter in the history of the treatment of glaucoma in America:—

SURGICAL TREATMENT OF GLAUCOMA—RECLAMATION. *Messrs. Editors.*—In an article upon the Surgical Treatment of Glaucoma, published in your issue of May 29th, occurs an error, doubtless the result of an oversight on the part of my highly esteemed friend, the author, but which is perhaps worthy of correction.

In the article referred to, page 348, Dr. Dix says:—"Previous to the two operations performed by me in this city, January 20th, 1862, there was in all of the medical journals of the land but one extended notice of, and that a compilation from various sources upon iridectomy in glaucoma."

That this statement is incorrect, may be seen by reference to the *American Medical Times* of February 2, 1861, page 83, in which my friend, Dr. H. D. Noyes, reviews at considerable length the various operations proposed for the relief of this serious affection of the eye. Moreover, reports of the successful treatment of glaucoma by operation in this country are not wanting. In the number of the above-mentioned journal for April 6th, 1861, may be found an account of two cases, entirely relieved by Hancock's operation, so-called (division of the ciliary muscle), the first performed by myself Nov. 16th, 1860 (and which was, so far as I am aware, the first time that this operation had been performed for the purpose in this country), and the second by Dr. Du Bois, Feb. 14th, 1861.

I may mention, in this connection, that iridectomy was employed for the relief of glaucoma at the New York Eye Infirmary as early as during the summer of 1860, when it was repeatedly performed by Drs. Agnew, Hinton, Noyes and myself. Either from accidental circumstances, or possibly from the fact (a matter of importance) that the incision was not made sufficiently external to allow of the excision of a portion of the iris in its entire breadth, the results at that time were not very satisfactory. Since the date of my first Hancock's operation, as above stated, division of the ciliary muscle has been preferred at the Infirmary to iridectomy, as causing no disfigurement, attended with less risk, more readily executed, rarely requiring anæsthesia, and equally if not more efficacious. Iridectomy, however, has not been entirely abandoned, but has been reserved for certain cases to which it would seem especially applicable; as, for instance,

cases of glaucoma complicated with cataract, in which a subsequent "out-spooning" of the lens might be required; and I can confidently assert that, in my own practice and in that of my acquaintances, at least forty cases of glaucoma were treated, and a large number of them successfully, either by this operation or by division of the ciliary muscle, prior to the commencement of the present year. Indeed, the value of surgical treatment, as affording the very best means of relief, in the cases under consideration, has here for more than a year been regarded beyond dispute.

Like other modes of treatment, it is not infallible; but when the diagnosis is clearly established and the disease not too far advanced, the surgeon seldom has greater cause for congratulation at the result of his interference. Certain cases of apparent failure are doubtless to be attributed to an erroneous diagnosis. A patient recently came under my observation, who had had iridectomy skilfully performed upon both eyes without benefit, by a practitioner of this city, for supposed glaucoma, and in whom the ophthalmoscope revealed atrophy of the optic nerves, without the slightest symptom of intra-ocular pressure! Comment upon such cases is unnecessary.

Respectfully yours, F. J. BUMSTEAD,
Surgeon to the New York Eye Infirmary.

163 W. 23d St., New York, June 5, 1862.

LONG ISLAND COLLEGE HOSPITAL.—During the month of May, 1862, there were 582 patients treated in the out-door and in-door departments of the Hospital. Of this number, 347 were medical cases, 193 were surgical, and 42 were diseases of women. In the treatment of these cases, 1020 prescriptions were dispensed in the establishment. The diseases are classed as follows:—

	Cases.		Cases.
Diseases of the nervous system,	16	Ileus (12), wounds (5), contusions	
Of the digestive organs,	102	(14),	31
Genito-urinary organs,	13	Burns (6), scald (1),	7
Lungs,	67	Tumors (2), foreign body removed (1),	3
Heart,	6	Hernia, stricture of the rectum,	
Throat,	20	ganglion, of each 1,	3
Skin,	45	Intestinal worms,	5
General system,	27	Clubfoot (1), bite of dog (2),	3
Bones and joints (necrosis, 2),	8	Enlarged glands,	8
Eye,	20	Vaccinations,	26
Ear,	5	Teeth extracted,	23
Fevers,	19	Unenumerated,	34
Fractures (5), felons (7),	12		
Abscesses (14), bursitis (4),	18	Total,	540

The special diseases of women are classified as follows:—

	Cases.		Cases.
Amenorrhœa,	9	Pregnancy,	1
Menorrhagia,	3	Polypus uteri,	2
Vaginitis,	3	Anæmia,	10
Ulceration of os uteri,	7		
Prolapsus uteri,	3	Total,	42
Prolapsus vesicæ,	1	To which add	540
Fibrous tumor of uterus,	1		
Debility from lactation,	2	Making a total of	582

WILLIAM GILFILLAN, M.D., Sec. to the Faculty of the Hospital.

THE following circular, in relation to the medical inspection of recruits, has recently been issued from the office of the Surgeon-General:—

BOSTON, May 31, 1862.

SIR,—I beg leave respectfully to call your attention to the importance of a most rigid and thorough medical examination of the recruits about to be raised for the volunteer regiments in this State.

Printed forms will be sent to each Inspecting Surgeon, but as the service will be paid for, it is hoped that every surgeon will avail himself of the helps which such works on military surgery as Hamilton or Tripler may afford him.

The importance of having every man vaccinated about whom there can be any doubt, is earnestly urged.

Respectfully yours,

WM. J. DALE, *Surgeon-General.*

THE wounded and sick soldiers arriving at the Massachusetts General Hospital are greatly in need of clothing. Any partially worn garments will be gratefully received at the Hospital by the Superintendent, for their use. Indeed, at all times such donations are acceptable at this institution, for distribution among the many destitute who seek relief within its wards.

THE Military Committee of the Senate have decided to report a bill providing for the appointment of 160 additional surgeons for the army.

Messrs. W. A. Browne, F. W. Brigham, E. P. Robbins, D. K. Warren, and Mr. Oliver, medical students, have left for Fortress Monroe in the steamer Daniel Webster, to do service in the hospitals in that vicinity.

Surgeon Thos. Welsh has been ordered to the bark Fernandina.

DEATHS in the city of Providence during the month of May, 73. The population of Providence in 1860 was 50,666, which gives one death in 694 for the month. The number of deaths in the first five months of the present year is 81, or 20 per cent. *less* than in the corresponding period of last year, and about the same amount less than the average for six years.

THE meeting of the Indiana State Medical Society is postponed until 1863, by order of its executive committee.—The health of Cincinnati continues thus far in the season remarkably good. There is no disease prevailing as an epidemic.—The building in the Central Park, New York, known as the "Academy of Mt. St. Vincent," has been tendered to the city by the Central Park Commissioners as a new hospital for sick soldiers.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 7TH, 1862.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	46	39	85
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	37.9	32.8	70.7
Average corrected to increased population,	78.84
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
13	1	0	2	6	2	0	0	1

DIED,—In Morristown, N. J., on the 29th ult., Dr. Lewis Condict, 89. Dr. C. graduated at the University of Pennsylvania in 1794.—Of disease contracted in camp, at St. Louis, April 30th, 1862, Dr. John P. Haggot, Surgeon to the Fifty-seventh regiment Ohio Vols., aged 68.

DEATHS IN BOSTON for the week ending Saturday noon, June 7th, 85. Males, 46—Females, 39.—Accidents, 3—apoplexy, 2—congestion of the brain, 3—disease of the brain, 2—bronchitis, 2—cholera infantum, 1—consumption, 13—convulsions, 2—diarrhoea, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 6—erysipelas, 1—inflamatory fever, 1—scarlet fever, 2—gastritis, 1—gun-shot wound (received in battle). 1—disease of the heart, 4—infantile disease, 4—disease of the kidneys, 1—disease of the liver, 2—Inflammation of the lungs, 6—marasmus, 2—measles, 6—old age, 2—pleurisy, 1—puerperal disease, 1—scrofula, 1—sore throat, 2—smallpox, 2—syphilis, 4—unknown, 2—whooping cough, 3.
Under 5 years of age, 41—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 62—Ireland, 17—other places, 6.